

993

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 234
Registrar's No. 276

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Good Samaritan Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution life; In Community life
(Specify whether years, months or days) ; In Arizona life

2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Phoenix, rural
(If outside city limits also write RURAL)

(d) Street No. Rt 10 Box 772M (e) Citizen of foreign country (Yes or No) NO

3. (a) FULL NAME Donald LeRoy Ricks (b) If Veteran name war none (c) Social Security No. none

4. Sex M 5. Race White ☒ Indian ☐ Negro ☐ 6. (a) Single, married, widowed or divorced single
Oriental ☐

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive, yrs. _____

7. Birthdate of deceased February 12, 1947
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day, hrs. _____ min. _____

9. Birthplace Phoenix, Arizona
(City, town or county) (State or Country)

10. Usual Occupation none

11. Industry or Business _____

Father { 12. Name Dwight L. Ricks
13. Birthplace Louisiana
(City, town or county) (State or Country)

Mother { 14. Maiden Name Eluned Williams
15. Birthplace Illinois
(City, town or county) (State or Country)

16. (a) Informant's own signature Dwight L. Ricks
(b) Address Rt 10 Box 772M, Phoenix, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood-Phx (c) Date Feb 14 19 47

18. (a) Embalmer's Signature Frank S. Buehler
(b) Funeral Director A L Moore & Sons
(c) Address 333 W Adams, Phoenix, Ariz.

19. (a) FEB 17 1947
(Date received Local Registrar)
(b) Robert J. H. [Signature]
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) February 14, 1947
TIME (Hour and minute) 1:45 A. M.

21. I hereby certify that I attended the deceased from Feb 13, 1947 to Feb 14, 1947,
that I last saw him alive on Feb 13, 1947, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within three months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature John S. Engel M. D.
Address Phoenix, Arizona Date signed 2-14-47

DURATION 24 hrs

PHYSICIAN Underline the cause to which death should be charged statistically